



Division of Licensing Services
Architectural Review Unit

150 North 18th Avenue, Suite 460
Phoenix, Arizona 85007
(602) 364-2079 or (602) 364-3055
(602) 364-4769 FAX

JANET NAPOLITANO, GOVERNOR
SUSAN GERARD, DIRECTOR

Application for Construction or Modification of a Health Care Institution

INSTRUCTIONS

HEALTH CARE INSTITUTIONS

General, Rural and Special Hospitals, Nursing Care Institution, Hospice (inpatient), Outpatient Surgical Center, Adult Day Health Care Facility, Assisted Living Center, Recovery Care Center, Infirmary, and Outpatient Treatment Center in a Skilled Nursing Facility or an Assisted Living Center.

1. SUBMIT AN APPLICATION TO THE ARCHITECTURAL REVIEW SECTION FOR:

- A. Initial license of a health care facility -ARS §36-421 (Arizona Revised Statutes) + AAC R9-10-105 (A)(5)
- B. Construction or Modification - ARS §36-421(Arizona Revised Statutes) + AAC R9-10-104
 - 1 The building, erection, fabrication, installation, enlargement, reduction, relocation, addition, or other change to a health care institution or its facilities, AAC R9-10-101(16) and (35)
 - 2. An increase, decrease, or reclassification of licensed capacity AAC R9-10-101(35) + (53)
 - 3. A change in ownership of a health care institution, AAC R9-10-109 (C)(1) and (D).
 - 4. A change in the address or location of a health care institution that provides medical services, nursing services, or health-related services on the premises, AAC R9-10-109 (C)(2).
 - 5. A change in a health care institution's class or subclass, AAC R9-10-109 (C)(3).
 - 6. A modification involving a change in the physical plant of the institution that will affect compliance with any applicable code or standard for license. AAC R9-10-101 (35) + (53)

- 2. Complete the application thoroughly.** The application is a legal document and the original shall be submitted with one (1) set of construction documents (drawings and technical specifications), a reduced floor plan and/or site plan, as appropriate, on 8.5x11 or 11x17 size paper (not to scale) and the Architectural Drawing Review Fee to:

ADHS – Architectural Review Section
150 N. 18th Avenue, Suite 460
Phoenix, AZ 85007
Internet website: <http://www.azdhs.gov>

Telephone: 602-364-3055 or 2079

Fax: 602-364-4769

- 3. Architectural Drawing Review Fee:** Pursuant to ARS §36-405(C)(2), and AAC R9-10-122(A) fees for an application shall be charged in accordance with the following schedule:

Refer to Application page 5 of 7 for Estimated Total Project Costs:

\$0 to \$100,000	Fee: \$ 50.00
\$100,000 to \$499,999	\$100.00
\$500,000 and over	\$150.00

Checks shall be payable to the **Arizona Department of Health Services**.

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4. Zoning Authority Clearance – (application, page 4 of 7), Complete this form if a Building Permit is not required by the local city or county government agency.

5. Building Permit – applicant shall file a legible copy of an issued local building permit.

6. Construction Documents – The required drawings are listed in AAC R9-10-104(A)(3). The documents shall be sealed by an architect licensed by the State of Arizona, and the seals of the professional consultants shall represent the design responsibility for all architectural and engineering work (civil, architectural, structural, mechanical, plumbing, fire protection, electrical, systems, etc.) The adopted Codes and Standards referenced in AAC R9-1-412 shall be listed in their entirety on the title sheet. It is not necessary to list the omitted items and appendices.

Note: Outpatient Surgical Center (I-1.2), for O.R. – A, O.R. – B and O.R. – C, and free-standing inpatient Hospice require a minimum Construction Type V-A **plus** Automatic Fire Extinguishing System, and

Note: Where a modification involves a bed change without revisions, list actual and record-drawing room numbers.

7. Preliminary Conference – The ADHS Architects are available to consult with you prior to completion of your architect's construction documents (drawings and technical specifications). A preliminary conference to discuss your application is recommended. The goal is to address applicable ADHS codes and rules concerns for early resolutions.

8. Site Visits – During construction, the ADHS Architects may perform a mid-point and a final site visit. For existing structures, the ADHS architects may perform a courtesy site visit prior to completion of the construction documents. The provider is responsible to schedule the mid-point visit allowing for 2-4 weeks notice.

9. Construction Closing Documents – Upon completion of construction or modification, submit the Construction Closing Documents for review by ADHS architects (page 7 of 7).

10. Notice of Administrative Completeness – After the Construction Closing Documents have been received and approved by the ADHS architects, per AAC R9-10-108, a notice will be sent to the contact person listed on the application, and to the project architect (page 1 of 7) when the construction or modification work is *completed*.

11. Initial License – Application and Survey

A. Contact the licensing program, for application, fee and survey information:

Medical Facilities 602-364-3030, Long Term Care 602-364-2690, Assisted Living 602-364-2639

*An application for license shall be filed at least **sixty days** before the anticipated operation per ARS 36-422(C).*

B. Medicare Certification: Contact the ADHS Deputy Fire Marshall at 602-364-3048 and 602-364-3056 for conformance to the Life Safety Code (2000 NFPA 101 Chapter 18-21). Fire sprinklers shall be provided in all areas of facilities. The Centers for Medicare and Medicaid Services (CMS) Certification may be several months after license issuance.

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Date _____ **Project No.** _____
(ADHS shall assign)

HEALTH CARE INSTITUTION (Facility name or Business name of health care institution)

Name _____

Street Address _____

City _____ State _____ Zip _____ County _____

Telephone (_____) _____ Fax (_____) _____

CONTACT PERSON

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____ E-Mail _____

Telephone (_____) _____ Fax (_____) _____

PROJECT ARCHITECT

Firm Name _____

Project Architect _____

Address _____

City _____ State _____ Zip _____ E-Mail _____

Telephone (_____) _____ Fax (_____) _____

HEALTH CARE INSTITUTION CLASS OR SUBCLASS (Check as Applicable)

HOSPITAL:	NURSING CARE INSTITUTION	[]
General [] Rural [] Special []	OUTPATIENT SURGICAL CENTER	[]
If Special Hospital, indicate	HOSPICE, INPATIENT	[]
specialty _____	ADULT DAY HEALTH CARE	[]
RECOVERY CARE CENTER []	ASSISTED LIVING CENTER:	[]
INFIRMARY []	Personal Care [] Directed Care []	

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PROJECT DESCRIPTION *This application will not be processed without a project description.*

1. Provide a functional program for the facility that describes the purpose of the project per the *Guidelines for Design and Construction of Hospital and Health Care Facilities*, section 1.1.F (AAC R9-1-412(A)4).

2. Describe any **new services** that the facility will provide.
(In addition, notify the Office of Medical Facilities Licensing of your intent.)

3. For this project, check all applicable items:

- | | |
|--|--|
| <input type="checkbox"/> Construct a new building | <input type="checkbox"/> Equipment acquisition |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Capacity change |
| <input type="checkbox"/> Addition to an existing licensed facility | <input type="checkbox"/> Code compliance |
| <input type="checkbox"/> No construction or modification | |
| <input type="checkbox"/> Establish a health care institution in an existing, unlicensed facility | |

4. International Building Code: Type of Construction _____

5. Gross Square Feet affected _____

6. Length of time required to complete the project (number of days) _____

Planned start date _____ Planned completion date _____

Planned date for patient or resident occupancy _____

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HEALTH CARE INSTITUTION REQUESTED LICENSE CAPACITY

	Existing Licensed Capacity	Add (+) or Delete (-) No. of Beds	(+)	(-)	Net Total of Requested Licensed Capacity
GENERAL HOSPITAL					
NICU	_____		[]	[]	_____
PICU	_____		[]	[]	_____
PICU-PEDS	_____		[]	[]	_____
ICU	_____		[]	[]	_____
ICU-MS	_____		[]	[]	_____
Special Care Nursery	_____		[]	[]	_____
Pediatrics	_____		[]	[]	_____
Postpartum	_____		[]	[]	_____
LDRP	_____		[]	[]	_____
Medical/Surgical	_____		[]	[]	_____
Psychiatric	_____		[]	[]	_____
Rehabilitation	_____		[]	[]	_____
Total	_____		[]	[]	_____
SPECIAL HOSPITAL					
_____	_____		[]	[]	_____
_____	_____		[]	[]	_____
Total	_____		[]	[]	_____
OUTPATIENT SURGICAL CENTER					
Operating Rooms - A	_____		[]	[]	_____
Operating Rooms - B	_____		[]	[]	_____
Operating Rooms - C	_____		[]	[]	_____
Recovery Beds A	_____		[]	[]	_____
Recovery Beds B	_____		[]	[]	_____
Recovery Beds C	_____		[]	[]	_____
Step-Down Recovery	_____		[]	[]	_____
Procedure Rooms	_____		[]	[]	_____
Procedure Recovery	_____		[]	[]	_____
NURSING CARE INSTITUTION					
_____	_____		[]	[]	_____
HOSPICE, Inpatient					
_____	_____		[]	[]	_____
RECOVERY CARE CENTER					
_____	_____		[]	[]	_____
ASSISTED LIVING CENTER					
Personal Care	_____		[]	[]	_____
Directed Care	_____		[]	[]	_____

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CITY / COUNTY ZONING AUTHORITY CLEARANCE

Complete this form if a Building Permit is not required by the local city or county government agency
AAC R9-10-104(A)(2)

HEALTH CARE INSTITUTION (Facility name of the health care institution, from page 1 of 7)

Name_____

Street Address_____

City_____ State_____ Zip_____ County_____

Health Care Institution Class or Subclass: _____

List each type of medical service to be provided:

CITY / COUNTY ZONING OFFICIAL:
To be completed by the City / County Zoning Official

1. Is the address/legal description from above properly zoned for the owners intended use? YES [] NO []

2. If not, what requirements will have to be met before the zoning clearance can be obtained?

a. _____

b. _____

3. Has a Special Use Permit been issued? YES [] NO [] Does it authorize the intended use? YES [] NO []

Name_____

Please print

Office_____

Signature_____

Telephone_____

Title_____

Date _____

City or County Zoning Official

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GOVERNING AUTHORITY CERTIFICATION

I certify to the best of my knowledge and belief, that this **building design** for the construction and/or modification of the health care institution complies with the Arizona Revised Statutes and the Arizona Administrative Code. I certify that the facility shall be ready for site visits by the ADHS Architects and/or Licensing Specialists. I certify that the Application is accurate.

Name of Governing Authority _____
(Owner, Company, Corporation, Agency, Group or Individual having the ultimate responsibility and authority for the health care institution. ARS §36-422(A)(3)).

Signature of Authorized Representative(s) _____ Date _____

Printed name of Authorized Representative _____

Name of Facility _____

Address of Facility _____

Telephone (_____) _____ Fax (_____) _____

Mailing Address of Facility _____

Estimated Total Project Costs AAC R9-10-104(A)(4):

(See Application Instructions, Page 1 of 2, item 3, Architectural Drawing Review Fee.)

\$ _____	Site Acquisition	\$ _____	Fixed Equipment
\$ _____	General Construction	\$ _____	Movable Equipment
\$ _____	Architect Fees	\$ _____	TOTAL

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Project No._____

(ADHS shall assign)

ARCHITECT CERTIFICATION

I certify to the best of my knowledge and belief, that this **building design** is in **substantial compliance** with minimum licensure requirements of the Arizona Department of Health Services for construction or modification of the health care institution. I certify that I have complied with all provisions of the Rules of Professional Conduct in reviewing the facility. AAC R4-30-301.

_____Date_____

Signature of Architect

Printed name of Architect _____

Firm name _____

Address _____

Telephone (_____)_____ Fax (_____)_____

The Architect shall provide his/her seal with signature in the space below.

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CONSTRUCTION CLOSING DOCUMENTS

ARS §36-421 and AAC R9-10-104(A)(5)

The following Construction Closing Documents shall be filed at the completion of each construction phase ready for occupancy. Additional tests of various equipment or systems may be required:

Note: Completed construction closing documents sent by facsimile are unacceptable.

1. Certificate of Occupancy issued by the local building department.
2. The Architect's Certificate of Substantial Completion (AIA Document D401 or G704) including:
List of deficiencies.
List of work, under separate contract(s), necessary to complete the construction phase for occupancy.
3. Infection Control Risk Assessment Provide documentation for renovations or new construction per the *Guidelines for Design and construction of Hospital and Health Care Facilities—Chap. 5.1* (AAC R9-1-412(a)(4))
4. Fire Alarm System: Certification and Description, NFPA 72. **Forms provided upon request.**
5. Automatic Fire Extinguishing System: Contractor's Material and Test Certificate for Under Ground and Above Ground Piping, NFPA 13. **Forms provided upon request.**
6. Fire Inspection Report - For projects involving an existing, unlicensed building where no construction is involved, applicant shall contact the fire department of the local governing authority to schedule an inspection. The inspection shall be filed within two months of the date the application is submitted. Also submit the final inspection document which indicates that all deficiencies have been corrected.
7. Final HVAC Test and Air Balance Compliance Report. The mechanical engineer shall attach a letter of review including a list of discrepancies and a plan of correction.
8. Draperies and cubicle curtains: Flame retardant certification, NFPA 701.
9. Carpet: Flame spread certification, NFPA 101.
10. Inhalation Anesthetics or Nonflammable Medical Gas System:
Compliance Certification with NFPA 99 by independent professional.
11. Installation Acceptance for new Emergency Generator per NFPA 110 5-13.
Reference NFPA 99 Chap. 3 and NFPA 110 Chap. 3. On-site fuel storage required.
Indicate KW capacity and quantity of transfer switches.
12. International Energy Conservation Code, Sec. 806 - Total Building Performance For new construction: Compliance statement that the Proposed design does not exceed the Standard design.
13. Kitchen: The Eating and Drinking Permit issued by the County Health Department.
14. Record Drawings & Manuals: Verify to DHS of the conveyance to the owner, per the *Guidelines for Design and Construction of Hospital and Health Care Facilities - Chap. 6*, (AAC R9-1-412(A)4). **Do not send these to ADHS.**
15. Pharmacy: License issued by the Arizona Board of Pharmacy.
16. Radiology: Certified health physicist report of location, type & amount of radiation protection.
17. Factory-built Buildings: Permit for the foundation and building's permanent installation and Certificate of Occupancy from the Office of Manufactured Housing.
18. Swimming Pool: Pool Permit and Pool Barrier Permit issued by the local jurisdiction.